

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin

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EDITOR

All Children With Common Colds Should Be Excluded From School

By GILES S. PORTER, M.D., Director, California State Department of Public Health

There is no other single ailment that is as prevalent as the common cold. More people suffer from this disease than from any other. Because of the fact that the disease in itself is not fatal and since it is not a reportable disease there is no way of knowing, statistically, how prevalent it may be. A very large proportion of common colds is infectious and the train of symptoms associated with the common cold is very often identical with the initial symptoms of one of the more serious communicable diseases. This is particularly true in the diseases which attack children commonly. On the other hand, the train of symptoms associated with the common cold, also, is very often identical with the beginning symptoms of the more serious diseases which are commonly found in adults. Children who give the appearance of coming down with a common cold may in truth have measles, whooping cough, scarlet fever, diphtheria, epidemic meningitis, epidemic poliomyelitis, influenza or pneumonia. Sometimes, but not often, smallpox, chickenpox, epidemic encephalitis, and other diseases begin with the same symptoms that are associated with the common cold. For these reasons the careful management of children who may show the symptoms of a common cold is a matter of importance in communicable disease control.

Although the common cold, in itself, has been the subject of intensive study for a long period of years

it still remains one of the great unsolved mysteries in medicine. The same is true of influenza. Probably most common colds, as well as influenza, are due to a filterable virus. Because of the uncertainty involved, a child who is suffering from a common cold should be removed at once from contact with other children. Any teacher of intelligence should be able to detect the presence of the beginning of a common cold in a school child. Wherever school medical inspection is provided the detection of illness in children is simple. The school nurse is also an important factor in the prevention of communicable diseases among school children. Her responsibility in the discovery of cases of illness and in their prompt removal from the school-room is by no means a matter of small importance. The daily inspection of school children and the removal of those who are ill constitutes one of the most important factors in the control of communicable diseases.

Measles is probably associated with the common cold more frequently than any other disease. The patient suffers from the symptoms of a cold for about four days before the rash appears. This is the most infectious stage of the disease and the entire control of measles depends upon the control of the patient during this stage of the disease. It is doubtful that measles is highly contagious at any course of the disease other than during the few days when the symptoms of

the common cold are evident. When measles is epidemic it is of the greatest importance that children having these early symptoms should be excluded from school promptly and be kept in isolation until diagnosis is definitely established and definite control measures enforced. The control of measles in reality consists of the control of common colds in children. This sounds easy to accomplish. In reality, it is one of the most difficult measures of enforcement. If efforts for the control of the common cold in children were applied intensively, however, whenever measles is epidemic, effective results might be accomplished. When the serious after-effects of measles is considered, the importance of exerting efforts in the control of the disease, particularly in young children, becomes most apparent. When we control measles in the lower age groups we unquestionably prevent pneumonia, miliary tuberculosis and a host of disabilities that may not present themselves until adult life.

While German measles is not regarded, generally, as a very serious disease it is in reality a very important disease from the standpoint of public health administration. Its importance is based upon the fact that German measles very often is confused with measles, mild scarlet fever and other communicable diseases. The services of a physician are always required in clarifying the confusion that German measles always causes. Since the disease begins with the symptoms that are associated with the common cold, followed by a rash, it is natural that confusion in diagnosis should exist. Very often, the services of an experienced diagnostician are required in establishing a differentiation between German measles and scarlet fever. In all diseases where there is difficulty in diagnosis the adoption of control measures, early, is of great importance. In controlling the common cold we may actually be controlling one of the more serious diseases that may be often confused with German measles.

Diphtheria, in spite of all the efforts that have been made in its control, is still a very serious and highly fatal disease. This is particularly true in the case of young children who may contract diphtheria. While immunization against the disease has produced results in its control, still immunization is only one weapon among several that is effective in the control of diphtheria. No matter if a majority of children in a community have been immunized against diphtheria, the detection and isolation of children who may show symptoms of the common cold must be carried on. The control of diphtheria does not depend upon the exercise of a single control measure, and, in spite of all of the effort in promoting the immunization of

children against this disease, we must still be on our guard to catch cases of the disease in their incipency.

Whooping cough, like measles, is generally preceded for a period of about four days with the symptoms that are characteristic of the common cold. As in measles, this is the most infectious stage of the disease and the control of whooping cough depends largely upon the control of cases during this period. When we control whooping cough we control broncho-pneumonia as well, for broncho-pneumonia is probably the most common companion of whooping cough. While this does not apply to children of school age to as great an extent as it does to children of pre-school age, it is essential that common colds in all children be controlled as a measure for the control of whooping cough and broncho-pneumonia. The responsibility of mothers in the care of very young children is great. Most deaths from whooping cough occur in babies and an infant who contracts whooping cough has little chance to survive. Babies should never be permitted to come into contact with individuals who suffer from the symptoms of common cold. The numbers of deaths from whooping cough and pneumonia in infants is almost appalling. Little or no progress in the prevention of these deaths can be made until such time as infants may be adequately safeguarded against contracting common colds. The young mother who takes an infant in arms to theaters, carnivals, and other places where promiscuous crowds may be gathered together, is running a tremendous risk. The place for infants is in the home. To expose infants to common colds is almost criminal. Perhaps the time will come when whooping cough will be regarded with the seriousness which is its due. Since the mortality from this disease is often higher than the mortality from diphtheria and since the mortality from whooping cough occurs mostly in infants, its control depends largely upon the exercise of common sense upon the part of the mother. Nurses and health officers have a large amount of educational work to perform among the mothers of infants in order that they may safeguard their progeny against this highly fatal and most serious disease.

In scarlet fever, the rash is the chief characteristic, but the appearance of the rash may be preceded by the symptoms of the common cold. Furthermore, after the rash disappears, throat and nasal discharges may persist for several weeks. If a scarlet fever patient is released from quarantine too soon, while throat and nasal discharges continue, he may serve as a focus of infection for many individuals. He may, in fact, have the catarrhal symptoms of the common cold during his period of convalescence and such conditions found in the later course of this disease

may be effective in the transfer of the infection. While most cases of scarlet fever that occur at the present time are of a mild character, there is still considerable danger in the after-effects. There are still many cases of kidney disease that have come as a result of scarlet fever. It is certain that in controlling common colds and thereby controlling scarlet fever, we are in reality controlling a large group of serious disabilities that may occur in adult life.

Epidemic poliomyelitis, at the present time, produces more fear in the general public than any other single disease with which we have to contend. Since the early symptoms of this disease are very often identical with the symptoms of the common cold, it is of the greatest importance, when poliomyelitis is epidemic, that all common colds in both children and adults be placed under control. We know that poliomyelitis, in reality, may be one of the most common of the communicable diseases. Unfortunately, in many localities, little is done in the general control of the disease until the appearance of paralysis in the patient. This procedure, of course, comes too late to be of any effect. Whenever epidemic poliomyelitis has been really placed under control in any community there has been effective machinery provided for taking care of all children who may be suffering from any illness, whatsoever its nature may be. Whenever epidemic poliomyelitis is present in any community it is of the greatest importance that every case of illness in children be searched for and discovered, following which it must be placed in complete isolation until a definite diagnosis can be established. This procedure is as effective in the control of epidemic poliomyelitis as is the use of convalescent blood serum in the treatment of patients who may suffer from this disease. In controlling the common cold, then, we are in reality preventing epidemic poliomyelitis and the tragedies that follow in the paralyzes of young children.

There are other diseases with which the common cold may be associated. The most important have been outlined here, however. As a matter of fact, the common cold in any child may be a serious affair. To neglect the care of a common cold in a child is neglect of the grossest type. If every child suffering from these common symptoms were isolated immediately, placed in bed and made to rest until they had abated, many very serious diseases might be controlled better. It is doubtful, in fact, that there is any other single measure in communicable disease control that might be more effective.

It is human intelligence that advances science; material equipment is merely the apparatus through which understanding can express itself.—Zinsser.

HEALTH COMMANDMENTS FOR PARENTS

The Santa Barbara County Health Department has issued Ten Commandments to parents, which read as follows:

1. Be a good friend, a fellow-adventurer in the life of your child.
2. Give him a home where his friends find the latch-key on the outside.
3. Therein make a place that is all his own, be it corner, attic, basement or an entire room.
4. Give him chores to do and make him such a partner in the home that he will want to achieve these chores.
5. Give him equipment to play with, toys, pets, tools, materials, musical instruments, goods to sew and food to cook.
6. Praise his feeblest attempts and don't harp forever on his shortcomings.
7. Give him good books and magazines and a place to read.
8. Give him a strong body, checked by examination and corrected by treatment if needs be.
9. Educate him to his fullest capacity, but no more, and don't forget the part clinics play in correcting bad habits.
10. Give him a parent he can model after.

MANY FOOD AND DRUG INSPECTIONS

Field inspectors during the month have been busy hunting for adulterated fluid extract of Jamaica ginger. They have also been active in egg inspection. A total of 190 drug stores were inspected with the finding that 48 of these stores carried no Jamaica ginger, and of the 142 stores inspected where Jamaica ginger was found only a very few carried the suspected brands and of these none were found to contain any poisonous ingredient.

MORBIDITY *

Diphtheria.

54 cases of diphtheria have been reported, as follows: Fresno 5, Kings County 1, Los Angeles County 9, Alhambra 1, Glendale 1, Huntington Park 1, Los Angeles 22, San Gabriel 1, Lynwood 1, South Gate 1, Orange County 2, Riverside County 1, Riverside 1, San Bernardino County 1, San Diego 1, San Francisco 1, Santa Barbara 1, Santa Clara County 1, Red Bluff 1, Ventura 1.

Scarlet Fever.

73 cases of scarlet fever have been reported, as follows: Alameda 1, Oakland 1, Angels Camp 1, Fresno County 1, Fresno 2, Brawley 1, Calipatria 1, Los Angeles County 7, Glendale 1, Hermosa 1, Huntington Park 1, Long Beach 5, Los Angeles 14, Pasadena 2, Pomona 2, Whittier 1, South Gate 3, Placentia 1, Corona 1, San Diego County 2, San Diego 2, San Francisco 6, San Joaquin County 1, Stockton 2, San Luis Obispo County

* From reports received on June 29th and 30th for week ending June 27th.

1, Santa Barbara County 4, Santa Barbara 2, Los Gatos 1, San Jose 1, Watsonville 3, Tulare County 1.

Measles.

393 cases of measles have been reported, as follows: Alameda 13, Berkeley 17, Oakland 19, Gridley 1, Angels Camp 1, Richmond 1, Fresno County 4, Fresno 6, Lake County 2, Los Angeles County 17, Arcadia 1, Avalon 3, Burbank 1, Compton 1, Glendale 20, Huntington Park 1, Long Beach 10, Los Angeles 51, Pasadena 6, Santa Monica 2, South Pasadena 1, Whittier 2, South Gate 1, Maywood 3, Bell 1, Madera County 1, Madera 2, San Anselmo 1, Monterey County 1, Monterey 2, Salinas 1, Soledad 3, Orange County 4, Fullerton 2, Newport Beach 1, Santa Ana 1, Placentia 7, Riverside 1, Sacramento 42, San Bernardino County 3, Redlands 2, San Diego County 9, La Mesa 1, San Diego 26, San Francisco 76, Stockton 1, Daly City 1, Santa Barbara County 2, Santa Maria 1, Mountain View 1, Palo Alto 4, San Jose 7, Santa Cruz 2, Stanislaus County 3.

Smallpox.

17 cases of smallpox have been reported, as follows: Hanford 1, Los Angeles County 3, Los Angeles 1, Salinas 2, San Diego County 2, National City 2, Stanislaus County 1, Red Bluff 1, Tulare County 4.

Typhoid Fever.

18 cases of typhoid fever have been reported, as follows: Los Angeles County 3, Burbank 1, Los Angeles 2, Redondo 1, Mariposa County 1, Napa County 1, Sacramento County 3, San Francisco 1, San Joaquin County 1, Vacaville 1, Tulare County 2, Yuba County 1.

Whooping Cough.

160 cases of whooping cough have been reported, as follows:

Berkeley 6, Oakland 4, Fresno 2, Los Angeles County 19, Glendale 6, Huntington Park 2, Los Angeles 27, Pasadena 2, Santa Monica 2, Whittier 2, Lynwood 1, South Gate 1, Madera 6, San Anselmo 7, Plumas County 3, Riverside 1, Sacramento 3, San Diego 12, San Francisco 13, San Joaquin County 9, Manteca 3, Stockton 10, Santa Maria 2, Santa Clara County 1, Palo Alto 11, San Jose 5.

Meningitis (Epidemic).

3 cases of epidemic meningitis have been reported, as follows: Long Beach 1, Los Angeles 1, Stanislaus County 1.

Poliomyelitis.

4 cases of poliomyelitis have been reported, as follows: Los Angeles County 1, Santa Monica 1, Corte Madera 1, Sutter County 1.

Encephalitis (Epidemic).

San Francisco reported one case of epidemic encephalitis.

Food Poisoning.

Pasadena reported 2 cases of food poisoning.

Undulant Fever.

3 cases of undulant fever have been reported, as follows: Hanford 1, Los Angeles 2.

Coccidioidal Granuloma.

Santa Barbara reported one case of coccidioidal granuloma.

Septic Sore Throat.

2 cases of septic sore throat have been reported, as follows: Alameda 1, Sacramento 1.

COMMUNICABLE DISEASE REPORTS

Disease	1931				1930			
	Week ending			Reports for week ending June 27 received by June 30	Week ending			Reports for week ending June 28 received by July 1
	June 6	June 13	June 20		June 7	June 14	June 21	
Actinomycosis	0	1	0	0	0	0	0	1
Anthrax	0	0	0	0	0	1	0	0
Chickenpox	346	276	186	122	323	274	228	114
Coccidioidal Granuloma	0	0	0	1	0	0	1	0
Diphtheria	58	72	64	54	60	49	46	52
Dysentery (Amoebic)	0	1	3	1	1	1	0	1
Dysentery (Bacillary)	2	4	4	3	2	0	8	10
Encephalitis (Epidemic)	1	2	0	1	1	1	2	0
Erysipelas	17	20	9	12	10	14	10	11
Food Poisoning	8	13	4	2	0	8	23	0
German Measles	9	5	10	6	19	8	11	4
Glanders	0	0	0	0	0	0	0	0
Gonococcus Infection	181	160	123	156	168	119	112	103
Influenza	36	32	23	12	21	14	18	26
Leprosy	0	0	1	0	0	0	0	2
Malaria	1	3	0	2	1	0	0	0
Measles	958	742	558	393	2,030	1,579	1,285	924
Meningitis (Epidemic)	2	2	3	3	6	5	3	3
Mumps	237	157	149	66	585	478	343	221
Ophthalmia Neonatorum	0	0	2	1	0	0	0	0
Paratyphoid Fever	0	2	3	0	0	5	4	1
Pellagra	3	4	0	0	0	5	1	4
Pneumonia (Lobar)	46	30	24	27	48	48	42	30
Poliomyelitis	10	6	7	4	32	46	52	77
Rabies (Animal)	20	24	21	10	20	21	25	23
Rocky Mt. Spotted Fever	1	0	0	0	1	0	0	0
Scarlet Fever	97	117	77	73	122	118	85	66
Smallpox	25	17	16	17	48	38	49	41
Syphilis	196	150	148	171	270	163	146	132
Tetanus	1	3	3	1	3	0	2	1
Trachoma	1	0	3	5	4	0	1	3
Trichinosis	0	0	0	0	1	0	0	0
Tuberculosis	228	271	199	187	224	209	233	252
Tularemia	0	0	0	0	2	0	0	0
Typhoid Fever	12	20	8	18	13	26	16	21
Undulant Fever	1	4	0	3	3	6	2	1
Whooping Cough	260	210	170	160	228	221	253	136
Septic Sore Throat	1	1	3	2	0	0	0	0
Totals	2,758	2,349	1,821	1,513	4,246	3,457	3,001	2,260



The summer season has arrived and most of the reportable diseases show a lower prevalence.



Vacation season is at hand and summer camps have started.



Both will cause some trouble to health officers.

